

9 FORMS –

1. Form Availability

Safety and Health forms for the DMB Safety and Health System are available through DMB Print and Graphics. The Safety and Health Policies and Procedures Manual contains copies of the following forms that are available through Print and Graphics:

1. New Employee General Safety and Health Orientation Checklist DMB-HR #116
2. Training Verification DMB-HR #117
3. Employee Report of Hazard DMB-HR#119
4. Accident Report DMB #212
5. Near Miss Accident Report DMB-HR #121
6. Supervisor's Accident/Incident Investigation Report DMB-HR #122

2. How to place an order for Safety and Health forms

To obtain any of the forms listed above, orders would be made through the “Print on Demand” process. This process, designed for small quantities (under 200), is available from Reproduction Services at the General Services Building, State Secondary Complex using the rapid copy order form DMB-551. The original master copy of each form is saved electronically. Follow the instructions listed below to order forms.

3. “Print on Demand” Process Instructions

This procedure for ordering forms will allow you to order and receive forms promptly when needed.

1. Fill out a Rapid Copy order – DMB 551. Fill in all of the appropriate information regarding department, division, complete interdepartmental mail address, MAIN accounting information, date order requested and due date required, contact person and telephone number.
2. In the job description area indicate: “Print on Demand”. Indicate the form title and form number being ordered.
3. Shrink-wrapping may be done for a minimum of 50 and a maximum of 100 forms in each package.
4. For additional questions call your DMB Reproduction Services Consultant at (517) 322-1891.

4. “Copy on Demand” Instructions

The following forms in the manual can be directly copied from the manual as needed. These forms include:

1. Employee Safety and Health Training Record
2. Job Safety Analysis
3. Hazard Recognition/Safety Inspection Report (Non-Office environment)
4. Safety and Health Inspection Form (Office Environment)

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9.1 EMPLOYEE GENERAL ORIENTATION CHECKLIST

DMB-HR 116 (rev. 2/98)

Supervisors are required to conduct a safety and health orientation with each new employee. Employees should have an opportunity to discuss and ask questions during the orientation. Individual work units may have site specific rules or policies that may need to be included as a part of the employee orientation. The list is not inclusive nor is each item applicable for all units. Please check off as each item is discussed. Section numbers from the DMB Policies and Procedures Manual are provided for further reference.

✓ or NA (non applicable)

State of Michigan Safety & Health Policy Section 1 and 2	Personal Protective Equipment Section 10.9
The DMB Safety and Health System Section 2.3.5.1; 2.3.6; 2.3.6.2; and 4.1	Office Safety/Ergonomics Section 11.4.5.7 and 12.14
Employee Responsibilities for Safety & Health Section 3	Ergonomics Section 11.4.4.2 and 11.4.7.1-2
Identifying Workplace Hazards and Forms Section 5 and 9.7	Prevention of Back Injuries--Safe Lifting Section 12.4.7.3 and Section 12
Accident Reporting/ Forms Section 6 and 9.8, and 9.9	Use of State Equipment Review safe operating procedures for assigned equipment
MIOSHA Information Section 8.2 and 8.3	Safe Work Requirements Review relevant subjects in Section 12
"Right to Know" (Hazard Communication) Section 10.8.4; 10.8.5; and 10.8.6	
Emergency Evacuation/Emergency Response See applicable site/building response plan	Other:

"I have received a general safety and health orientation. I understand the procedures and rules, and have had the opportunity to have my questions answered. I agree to perform my job within the framework of these policies and procedures and accept my responsibilities for safety and health."

Print Name of Employee

Employee Signature

(Date)

"I have taken the necessary time to provide a safety and health orientation for my employee. I have given the employee an opportunity to ask questions. I understand that I will ensure that additional job-specific safety training will also be provided as needed."

Supervisor Signature

(Date)

White copy - Supervisor
Yellow copy - DMB Personnel File, Human Resources
Pink copy - Employee

9.2 EMPLOYEE TRAINING VERIFICATION

DMB-HR 117

EMPLOYEE SAFETY AND HEALTH TRAINING VERIFICATION

I verify that I attended the following safety and health training:

(Topic)

(Date of Training)

Training conducted by: _____
(Instructor Name)

Training location: _____

(Please ***Print*** Employee Name)

(Employee Signature) _____
(Date)

White Copy - Supervisor
Yellow Copy - Employee

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9.3 EMPLOYEE SAFETY TRAINING RECORD

EMPLOYEE SAFETY AND HEALTH TRAINING RECORD

Upon completion of any safety and health training, the supervisor will have the employee sign the "Employee Training Verification" (DMB-HR 117) and record the training information listed below. The supervisor will maintain and update this training record for each employee. Copy this form as needed.

(Please Print)

EMPLOYEE NAME	SS#
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[illegible]

OFFICE/DIVISION _____ SUPERVISOR _____

	TRAINING	INSTRUCTOR	DATE
ALL EMPLOYEES	General Safety Orientation		
	Hazard Communication		
	Back Injury Prevention/Safe Lifting		
	Ergonomics		
	Hearing Conservation		
JOB SPECIFIC	Forklift Certification		
	Tool Safety		
	Personal Protective Equipment		
	Lockout Safety		
	Office Safety/Office Ergonomics		
	Respirator Use		

OTHER JOB SPECIFIC SAFETY TRAINING: (Safety training matrices in Section 4 of the DMB Safety and

Health Policies and Procedures Manual provide a list of required safety and health training by type of work.)

[illegible]

9.4 JOB SAFETY ANALYSIS FORM

	Department	Division	
Job Safety Analysis	Location	<input type="checkbox"/> New <input type="checkbox"/> Revised	Page ____ of ____
	Job Operation Title	Position/Title of person who does the job	
Required and/or recommended personal protection equipment:			
SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	RECOMMENDED SAFE JOB PROCEDURE	

(Signature of person conducting job safety analysis)

(Date)

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9.5 SAFETY AND HEALTH INSPECTION FORM (OFFICE ENVIRONMENT)

Job/Area Inspected _____ Division _____ Inspector: _____ Date: _____

Please answer yes or no to the following questions, and provide comments. (Provide immediate and positive verbal feedback to employees when safe behaviors and conditions are observed.)

GENERAL PHYSICAL CONDITIONS	Yes	No	Comments
1. Worksite clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	
2. Restrooms and washrooms kept clean and sanitary	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wires or switches exposed	<input type="checkbox"/>	<input type="checkbox"/>	
4. Combustible scrap, debris and waste stored safely and removed from the worksite promptly	<input type="checkbox"/>	<input type="checkbox"/>	
5. Electrical cords in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
6. Floors are even and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
7. Electrical cords in walkway	<input type="checkbox"/>	<input type="checkbox"/>	
8. Loose tile or torn carpeting	<input type="checkbox"/>	<input type="checkbox"/>	
HALL AND STAIRS			
1. Adequate lighting in stairwell	<input type="checkbox"/>	<input type="checkbox"/>	
2. Halls and stairs clean and free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
3. Hand rails free of splinters or other hazards	<input type="checkbox"/>	<input type="checkbox"/>	
4. Treads and nosings have a non-slip even surface	<input type="checkbox"/>	<input type="checkbox"/>	
5. Walking surfaces kept clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	
6. Drinking fountains are stable and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	

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**SAFETY AND HEALTH INSPECTION FORM (page 2 of 4)
(Office Environment)**

ENTRANCES, EXITS, AND FIRE ESCAPES	Yes	No	Comments
1. All exit doors equipped with working panic bars where needed	<input type="checkbox"/>	<input type="checkbox"/>	
2. All doors into stair shafts at each floor level kept closed (no hold-open devices)	<input type="checkbox"/>	<input type="checkbox"/>	
3. All exits readily accessible and free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
4. All thresholds are anchored securely	<input type="checkbox"/>	<input type="checkbox"/>	
5. Door springs and closers are properly adjusted	<input type="checkbox"/>	<input type="checkbox"/>	
6. All exits are marked and lighted	<input type="checkbox"/>	<input type="checkbox"/>	
7. Entrances are kept free of water and ice	<input type="checkbox"/>	<input type="checkbox"/>	
8. Fire escapes have no loose or corroded parts	<input type="checkbox"/>	<input type="checkbox"/>	
9. Fire escapes are free of obstructions and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	
10. Directions to exits are readily apparent or are posted	<input type="checkbox"/>	<input type="checkbox"/>	
STORAGE AREAS			
1. Materials properly and safely stacked	<input type="checkbox"/>	<input type="checkbox"/>	
2. Shelving in good condition and properly anchored against tipping	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ladders or appropriate step stools provided for reaching high places	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ramps have non-skid surface, and guard rails	<input type="checkbox"/>	<input type="checkbox"/>	
5. Heaviest and largest items stored on bottom shelves	<input type="checkbox"/>	<input type="checkbox"/>	

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**SAFETY AND HEALTH INSPECTION FORM (page 3 of 4)
(Office Environment)**

FIRE PROTECTION AND FIRST AID			
1. Fire extinguishers have positive charge/gauge pin in place	<input type="checkbox"/>	<input type="checkbox"/>	
2. Fire extinguisher inspected within past year, initialed and dated monthly	<input type="checkbox"/>	<input type="checkbox"/>	
3. Personnel know where fire extinguishers are located	<input type="checkbox"/>	<input type="checkbox"/>	
4. Personnel understand basic fire extinguisher use	<input type="checkbox"/>	<input type="checkbox"/>	
5. Personnel know how to evacuate the building	<input type="checkbox"/>	<input type="checkbox"/>	
6. Evacuation routes marked and posted	<input type="checkbox"/>	<input type="checkbox"/>	
7. Materials are not stored close to heat sources	<input type="checkbox"/>	<input type="checkbox"/>	
8. First aid kits available	<input type="checkbox"/>	<input type="checkbox"/>	
9. Personnel have been trained on emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	
10. Emergency numbers are posted near the telephones	<input type="checkbox"/>	<input type="checkbox"/>	
11. Sprinkler system working and inspected	<input type="checkbox"/>	<input type="checkbox"/>	
12. Fire alarm system working and inspected regularly	<input type="checkbox"/>	<input type="checkbox"/>	
MISCELLANEOUS			
1. Personnel trained in safe use of chemicals--copy machine toner, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Chemicals properly labeled/Material Safety Data Sheets (MSDS's) available	<input type="checkbox"/>	<input type="checkbox"/>	
3. Extension cords have grounding conductor Cords in good condition; no damaged insulation, no exposed wiring	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
4. The following posters are posted for employee viewing: MIOSHA poster "Right to Know" poster--where data sheets(MSDS) are located "Right to Know" poster--new or revised data sheets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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(Office Environment)**

5. Personnel trained in back injury prevention and safe lifting techniques used	<input type="checkbox"/>	<input type="checkbox"/>	
6. Paper cutters closed and guards in place	<input type="checkbox"/>	<input type="checkbox"/>	
COMPUTER ERGONOMICS			
1. Top of monitor no higher than eye level, placed directly in front of operator at least 18" away	<input type="checkbox"/>	<input type="checkbox"/>	
2. Maintain neutral postures to minimize stress on the body - wrists straight, elbows close to body, feet flat on floor or on footrest	<input type="checkbox"/>	<input type="checkbox"/>	
3. Mouse positioned next to keyboard to minimize reaching	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ergonomic accessories available as needed - wrist rest, foot rest, document holder	<input type="checkbox"/>	<input type="checkbox"/>	
5. Employee not leaning on hard, sharp edges of a work surface	<input type="checkbox"/>	<input type="checkbox"/>	

CORRECTIONS: (List corrective action taken and date completed)

Completed documents to be maintained by supervisor.

9.6 HAZARD RECOGNITION/SAFETY INSPECTION REPORT

Inspection Date: _____ Inspected by: _____
Location: _____ Reviewed by: _____

Maintenance Work Orders Attached? YES ____ NO ____

Follow-up Needed YES ____ NO ____ Date Distributed _____

MAINTENANCE AREA/SHOP

A. <u>SHOPWIDE OBSERVATIONS</u>	YES	NO	COMMENTS
1. Housekeeping			
a. Suitable trash containers available?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Covered metal containers in use for greasy towels and flammables? Disposed of daily?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
c. Floors clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Aisles and pathways clear (walkways to be min. of 24" wide)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Overhead lighting:			
a. Portable lights used safely?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Vapor-proof covers on pit lights?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Shop and paint areas well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Exit signs at each exit to outside (if not obviously an exit)?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Adequately illuminated for visibility?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Lettering 6" or more in height?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Doors that do not lead outside are marked "NOT AN EXIT" or identified?	<input type="checkbox"/>	<input type="checkbox"/>	

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6. Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Outlets grounded?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Outlet and junction boxes covered?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Permanent wiring (not flexible cords) to stationary items (excepting bench grinder)?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Switches and controls identified?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Drop cords, trouble lights are 3-wire type?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Access to electrical panels is unobstructed (30" clear in front)?	<input type="checkbox"/>	<input type="checkbox"/>	
g. GFCI installed in wet areas (areas subject to splashing, dripping, leaking liquids)	<input type="checkbox"/>	<input type="checkbox"/>	
h. Portable electrical tools grounded or double insulated	<input type="checkbox"/>	<input type="checkbox"/>	
i. Multiple plug adapters in use? (should be prohibited)	<input type="checkbox"/>	<input type="checkbox"/>	
j. Extension cords inspected for frayed or deteriorated insulation	<input type="checkbox"/>	<input type="checkbox"/>	
k. Extension cords not used in place of fixed permanent wiring?	<input type="checkbox"/>	<input type="checkbox"/>	
7. NO SMOKING signs at gas pump, parts cleaner, battery charging area.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Fire extinguisher:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Mounting secure at proper height (3½' max. if over 40#, 5' max. for under 40#)?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Location visible or identified with visible marking?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Marked or labeled for intended use?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Tagged with dates of maintenance, seal in place?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Workbenches sturdy and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	

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B. <u>STOCKROOM STORAGE AREAS</u>			
1. Housekeeping good?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Aisles maintained clear (24" MIN.)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Materials stacked, placed safely?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Tops of cabinets clear of falling objects (items stored on top are restrained by railing or lip on cabinet)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Flammable liquids and aerosol containers stored in closed metal cabinet marked "Flammables"?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tires properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Tools and parts storage neat, safe?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Where storage is on a 2nd floor mezzanine, etc., floor load limits are posted?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Flammable liquids stored away from heat?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Parts cleaning tanks have self-closing covers with fuse link?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Safety cans have spring closing lids, flame arresters and contents identified by stenciled yellow letters (i.e. Gasoline) on red cans?	<input type="checkbox"/>	<input type="checkbox"/>	
C. <u>MANUAL EQUIPMENT</u>			
1. Shop tools in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Jacks, hoists and stands in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Marked for load rating?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Adequately lubricated?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Tire inflation safety devices available (safety cage; whip hose with clip-on chuck)?	<input type="checkbox"/>	<input type="checkbox"/>	

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D. <u>POWER EQUIPMENT, MOTORS, COMPRESSORS</u>			
1. In good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Adequately grounded?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wiring and switches in good repair (permanently installed-not drop cords)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Guards installed (drive pulleys; V-belt and chain drive pinch points)?	<input type="checkbox"/>	<input type="checkbox"/>	
E. <u>COMPRESSED AIR SYSTEM</u>			
1. Hoses/connections not leaking?	<input type="checkbox"/>	<input type="checkbox"/>	
2. 30 psi max. pressure for blowguns?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Tank protected against overcharge?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Safety valves operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Water trap manually drained regularly to eliminate water and oil, and verify proper operation of automatic drain?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Equipped with a pressure gauge and spring loaded relief valve(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
F. <u>WELDING EQUIPMENT</u>			
1. Cylinders stored out of travel-ways?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Cylinders stored away from heat?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cylinders marked for content?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Spare tanks of oxygen and acetylene segregated from each other (20' apart or by firewall)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Valves closed (full and empty cylinders)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Hoses/connections in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Fire extinguishers on welding cart w/current inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Only authorized and trained personnel permitted to use welding and cutting or brazing equipment	<input type="checkbox"/>	<input type="checkbox"/>	

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9. Only approved apparatus (torches, regulators, pressure-reducing valves, etc.) used?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Empty cylinders appropriately marked and valves closed?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Cylinders restrained?	<input type="checkbox"/>	<input type="checkbox"/>	
G. <u>SANITATION</u>			
1. Restrooms neat, sanitary and equipped (both hot and cold water available)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Area used for meal/break is neat and orderly (covered containers used for food waste)?	<input type="checkbox"/>	<input type="checkbox"/>	
H. <u>SCAFFOLDING</u>			
1. In good repair, equipped with outrigger?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Capable of support (marked with capacity rating)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Toeboards installed (if over 7½' off floor)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Guardrails installed when over 7½' above ground (42' ht. Above platform)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Stenciled - Not for use near electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
I. <u>BATTERY AREA</u>			
1. Well ventilated so that explosive fumes do not accumulate?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Source of running water nearby?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Eyewash provided near batteries (eye wash sign posted)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Smoking prohibited (sign posted)?	<input type="checkbox"/>	<input type="checkbox"/>	

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J. <u>MACHINE GUARDING</u> (Comment on all exceptions)			
1. Are machines, V-belts and power trains all properly guarded? (Including grinders, saws, jointers, planers, drill presses, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Ventilating fans guarded if within 7' floor?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Points of operation protected, (i.e., nip points, rotating parts, pinch points, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
K. <u>BENCH GRINDERS</u>			
1. Properly grounded and anchored?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Properly guarded (tool rest not more than 1/8" from wheel/adjustable)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Eye protection provided and worn? (Goggles and face shields).	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wheels properly mounted and dressed?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Tongue guard not more than 1/4" from wheel?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do side guards cover the spindle, nut, flange, and 75% of the wheel diameter?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Maximum RPM rating of each abrasive wheel compatible with the RPM of the grinder motor?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Visual inspection and ring testing performed?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Dust collection and power exhaust provided?	<input type="checkbox"/>	<input type="checkbox"/>	

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L. <u>SHOP CRANES AND HOISTING EQUIPMENT</u>			
1. Cable condition good (not worn)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Shop and lube hoists have nameplates with:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Name of manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Capacity of hoist?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Date of installation?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Division of Industrial Safety approval number?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Daily, quarterly and annual inspections conducted?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Inspections documented?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Inspections conducted on lifting slings, chains, and hoists?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Tagged?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Removed from service if damaged?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pendant controls plainly marked to indicate functions and direction of travel?	<input type="checkbox"/>	<input type="checkbox"/>	
M. <u>LADDERS</u>			
1. Conform to standards? (i.e. 12" centers on rungs). Labeled Type II or III conventional use.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are used safely and are adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are inspected frequently? (Monthly)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are removed from the premises if unsafe, tagged "Do Not Use"?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Portable rug ladders have safety feet?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Wood ladders are stored in shelter or out of elements?	<input type="checkbox"/>	<input type="checkbox"/>	
7. All trades personnel are prohibited from using metal ladders.			

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N. <u>YARD AREA</u> (assigned to Garage)			
1. Yard lights functional?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Yard lights adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Traffic patterns observed?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Speed limit observed?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Equipment parked in proper areas?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Yard free of trash accumulations?	<input type="checkbox"/>	<input type="checkbox"/>	
O. <u>FUELING FACILITIES</u> (if applicable)			
1. Lights function?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Fuel pumps clean?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Fuel area free of spills?	<input type="checkbox"/>	<input type="checkbox"/>	
5. No smoking sign posted?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Fire extinguisher readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Mounting secure, at proper height?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Marked for intended use?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Tagged with dates of maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Gasoline pumps protected with barriers or inside building alcove?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Emergency turn-off switch labeled?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Gas buggy/truck equipment with grounding device for use when being filled?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Use of open containers to handle or transfer gasoline prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	

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P. <u>WASH RACK</u> (if applicable)			
1. Electrical equipment grounded?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Electrical cords in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Area maintained in clean condition?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Adequate covered trash containers with lids in place?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Supplies properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Lighting adequate, fixtures clean?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Waterproof covers on switches and plugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Q. <u>PROTECTIVE EQUIPMENT</u> (if applicable)			
1. Cage used to inflate tires?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Safety glasses, goggles or shields provided where needed?	<input type="checkbox"/>	<input type="checkbox"/>	
3. The following provided and used where necessary?			
a. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	
b. Aprons	<input type="checkbox"/>	<input type="checkbox"/>	
c. Boots	<input type="checkbox"/>	<input type="checkbox"/>	
d. Hard hats	<input type="checkbox"/>	<input type="checkbox"/>	
e. Ear plugs	<input type="checkbox"/>	<input type="checkbox"/>	
f. Safety belts	<input type="checkbox"/>	<input type="checkbox"/>	
4. Safety stands used when jack is used?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Flash shield used around arc welder?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tire Mounting Instructions posted near tire changer (rules observed)?	<input type="checkbox"/>	<input type="checkbox"/>	

(Copy as need)

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9.7 EMPLOYEE REPORT OF HAZARD

DMB-HR 119

Employee: *Complete top portion to report a safety/health hazard that may cause serious injury or illness to an individual and/or damage to equipment and property. Submit form to supervisor.*

Is there an immediate threat of death or serious harm? ☐ Yes ☐ No
If yes, contact supervisor or DMB Safety and Health Coordinator immediately.

Briefly describe the safety/health issue:

Location/Building where the hazard exists: _____

Supervisor's name: _____ Telephone # _____

Recommendations/suggestions to correct the problem:

Employee's name (optional) _____ Telephone: _____

Division/Work Unit _____ Date Submitted: ____/____/____

MANAGEMENT REVIEW AND COMMENTS

After review of the reported hazard was corrective action needed? ☐ Yes ☐ No If No, provide brief comment:

If yes, what corrective action was taken and by whom?

(Corrective Actions)

(By Whom)

Management review completed by: _____ Date: ____/____/____

Additional Comments:

Upon completion, submit to **Division Director** for Signature:

Copy Distribution (After Review, Comments and Signature):

White: Supervisor
Blue: DMB Safety & Health Coordinator, Human Resources
Yellow: Employee

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9.8 ACCIDENT REPORT

DMB 212

Distribution: Write – Personnel Canary – MIOSHALOG Print or Type Pink - Division		STATE OF MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET ACCIDENT REPORT		<input type="checkbox"/> State Employee <input type="checkbox"/> Visitor		
1. EMPLOYEE NAME (Last, First, Middle Initial)		2. HOME ADDRESS (Number, Street, City, State, Zip Code)		SOCIAL SECURITY NUMBER 		
3. WORK STATION (Division, Office, Bureau)		INDEX	4. CIVIL SERVICE CLASS AND LEVEL	HOME PHONE 		
5. D.O.B.	6. SEX	7. DATE OF ACCIDENT	8. TIME HR. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	9. PLACE WHERE ACCIDENT OCCURRED	COUNTY	
10. NATURE OF INJURY OR CONDITION						
1 <input type="checkbox"/> Amputation 6 <input type="checkbox"/> Contusion (Bruise) 10 <input type="checkbox"/> Drowned 14 <input type="checkbox"/> Heart Exhaustion 18 <input type="checkbox"/> Poison 22 <input type="checkbox"/> Strain						
2 <input type="checkbox"/> Abrasion 7 <input type="checkbox"/> Crush 11 <input type="checkbox"/> Fracture 15 <input type="checkbox"/> Hernia (Rupture) 19 <input type="checkbox"/> Puncture 23 <input type="checkbox"/> Suffocation						
3 <input type="checkbox"/> Bite or Sting 8 <input type="checkbox"/> Dislocation 12 <input type="checkbox"/> Frost Bite 16 <input type="checkbox"/> Internal Infection 20 <input type="checkbox"/> Shock (Electrical) 24 <input type="checkbox"/> Wound						
4 <input type="checkbox"/> Burn (Not Electric) 9 <input type="checkbox"/> Dermatitis 13 <input type="checkbox"/> Heart Failure 17 <input type="checkbox"/> Laceration 21 <input type="checkbox"/> Sprain 25 <input type="checkbox"/> _____						
5 <input type="checkbox"/> Concussion						
11. BODY PART(S) INJURED (Indicate by circling Right or Left)						
1 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Back 9 <input type="checkbox"/> Face 13 <input type="checkbox"/> Hips) R-L 17 <input type="checkbox"/> Neck 21 <input type="checkbox"/> Skull						
2 <input type="checkbox"/> Ankle(s) R-L 6 <input type="checkbox"/> Ear(s) R-L 10 <input type="checkbox"/> Finger(s) 14 <input type="checkbox"/> Knee(s) R-L 18 <input type="checkbox"/> Nose 22 <input type="checkbox"/> Toe(s) R-L						
3 <input type="checkbox"/> Arm(s) Lower R-L 7 <input type="checkbox"/> Elbow(s) R-L 11 <input type="checkbox"/> Foot (feet) R-L 15 <input type="checkbox"/> Leg(s) (Upper) R-L 19 <input type="checkbox"/> Rib(s) R-L 23 <input type="checkbox"/> Wrist(s) R-L						
4 <input type="checkbox"/> Arm(s) Upper R-L 8 <input type="checkbox"/> Eye(s) R-L 12 <input type="checkbox"/> Hand(s) R-L 16 <input type="checkbox"/> Leg(s) (Lower) R-L 20 <input type="checkbox"/> Shoulder(s) R-L 24 <input type="checkbox"/> _____						
12. TYPE OF ACCIDENT						
1 <input type="checkbox"/> Automobile 7 <input type="checkbox"/> Handling Object						
2 <input type="checkbox"/> Falling or Striking Against 8 <input type="checkbox"/> Contact with Irritants						
3 <input type="checkbox"/> Struck by Moving Object 9 <input type="checkbox"/> Exposure to Heat or Cold						
4 <input type="checkbox"/> Lifting or Over Exertion 10 <input type="checkbox"/> Burn (Not Electric)						
5 <input type="checkbox"/> Caught in, on, or between 11 <input type="checkbox"/> Shock (Electric)						
6 <input type="checkbox"/> Contagious Illness 12 <input type="checkbox"/> Industrial Disease						
14. EMPLOYEE'S DESCRIPTION OF HOW ACCIDENT OCCURRED		15. SUPERVISOR'S SUGGESTIONS ON PREVENTATIVE ACTION				
16. EMPLOYEE SIGNATURE		WORK PHONE ()	17. DATE	18. SUPERVISOR'S SIGNATURE	WORK PHONE ()	19. DATE
20. MEDICAL DESCRIPTION OF INJURY OR DISEASE						
21. NAME OF HOSPITAL OR CLINIC:		22. WERE X-RAYS TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No		23. ATTENDING PHYSICIAN (Name and Billing Address)		24. DATE
25. EXTENT OF INJURIES (Check One)						
1 <input type="checkbox"/> Treatment Refused 3 <input type="checkbox"/> First Aid Only (Returned to work by next scheduled work shift) 5 <input type="checkbox"/> Disabling Injury (Permanent)						
2 <input type="checkbox"/> No First Aid Needed 4 <input type="checkbox"/> Disabling Injury (Temporary) 6 <input type="checkbox"/> Fatality						
26. WAS THERE TIME LOST		27. LAST DATE WORKED		28. DATE RETURNED TO WORK		EXPRESS CLAIM NUMBER
<input type="checkbox"/> Yes <input type="checkbox"/> No (Omit 27 & 28)						
29. AUTHORIZED REPRESENTATIVE		30. DATE		DATE FILED		

TO BE COMPLETED BY EMPLOYEE AND SUPERVISOR WITHIN 24 HOURS AFTER ACCIDENT
SUBMIT ALL COPIES TO THE PERSONNEL OFFICE

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9.9 NEAR-MISS ACCIDENT REPORT FORM

DMB-HR #121

Near-miss accidents are those situations which under slightly different circumstances, could have resulted in personal injury or property damage. (**Employee**) *Please complete this form and submit to your supervisor.* The supervisor will review, investigate, identify deficiencies, and take corrective measures.

Describe what happened:	
When did it occur?	Date: / / Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Where did it occur (building #, floor, parking lot #, street name, etc.)?	
What do you think could be done to prevent this from happening again?	
Employee Name	Telephone Number (Additional Information may be required) ()
Date supervisor received: / /	
REVIEW AND COMMENTS	
Supervisor's response/action: Date: / /	

COPY DISTRIBUTION:

White	-	Supervisor
Yellow	-	Employee
Pink	-	DMB Safety & Health Coordinator

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9.10 SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT

DMB-HR 122

Accident investigations should be performed when medical treatment for injury/illness is necessary or when property damage occurs. Except in unusual and serious circumstances, this report must be completed by the injured/ill employee's immediate supervisor *within 5 calendar days* of an employee work related injury/illness, and after the Employee Report of Injury-DMB 212 has been submitted. A copy of the DMB-212 should be attached to this report for reference. The supervisor must interview the employee and any witness(es), take pictures, draw a sketch and/or take measurements, if appropriate, and keep accurate notes for future reference. It is important to report accurate information and report only known facts.

Employee Name	Social Security #	Date of Incident: (mm/dd/yy)
Service on the Job: Years Months	Job Classification	
Name of Witnesses	Telephone	
Narrative of Accident (Based upon your interviews and investigation, describe the incident/accident including the details of what preceded the event and how the injury occurred -who, what, where, when and how)		
List the basic underlying cause factors (include any contributing factors). Consider the following: Equipment/Material - physical characteristics: defective, unguarded, failure, improper use Workplace - confined environment, ventilation, lighting, noise, work surface, structural, housekeeping Worktask - speed, procedures unclear, awkward body position or posture, distraction Human Factors - disregard instructions or rules, fatigue, impaired due to medication, by pass safety devices		
What immediate actions were taken to prevent reoccurrence?		

(continued on next page)

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SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT (page 2)

Was Facility Management notified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Appropriate
If Yes, name of Facility Manager			
What <i>further</i> action is recommended to prevent a reoccurrence? Identify specific actions as well as changes management could make to a system or program.			
Supervisor's Signature:	Date	Telephone # ()	
Immediate supervisor completing this report should maintain a copy and submit original to Division Manager and Office Director for review.			
Division Manager's Comments:			
Division Director's Signature			Date

Distribution:
Division Director
Office Manager
DMB Safety and Health Coordinator